State of Michigan Department of Labor & Economic Growth Office of Policy & Legislative Affairs State Boundary Commission

GENERAL INSTRUCTIONS FOR THE PREPARATION OF AN ANNEXATION PETITION BY 1% OF THE POPULATION WHO ARE FREEHOLDERS AND REGISTERED VOTERS TO BE FILED WITH THE STATE BOUNDARY COMMISSION

AN ANNEXATION PETITION BY AT LEAST 1% OF THE POPULATION WHO ARE FREEHOLDERS AND REGISTERED

VOTERS IS COMPOSED OF THE FOLLOWING PARTS AND FORMS:

| PART I | A map or drawing for the area proposed to be annexed, prepared by the petitioner in such a way that the minimum map size is 8 $\frac{1}{2}$ " by 13", with a maximum map size of 14" by 18". The map or drawing is supplied by the petitioner. Label this map PART I. Review State Boundary Commission Administrative Rules No. 25 and 27 regarding the content of this map. |
|-------------|--|
| PART II | |
| PART II (a) | |
| PART III | Refer to State Boundary Commission Administrative Rules No. 25 and 27 regarding the content of this description. |
| PART IV | |
| PART V | Petition Form No. 2010-2002 – Can be obtain from the State Boundary Commission or the Secretary of State (size 8 $\frac{1}{2}$ x 14). |
| PART Va | |
| PART Vb | |
| PART VI | |
| PART VII | A map prepared on paper supplied by petitioner, showing the relationship of the area proposed for annexation to the balance of the involved and adjacent units of government. The map may be of a size the petitioner chooses and shall not be evaluated by the Commission in its determination of legal sufficiency. Label this map PART VII. |

This petition form is issued under authority of Public Act 191 of 1968, as amended. Completion of this form is voluntary but failure to do so may result in a denial of your application.

The completed petition should be filed with the Boundary Commission office in Lansing. This may be done in person between the hours of 8:00 a.m. and 5:00 p.m., or by mail, at the following address:

State Boundary Commission
Office of Policy & Legislative Affairs
Michigan Department of Labor & Economic Growth
611 W. Ottawa Street
P.O. Box 30004
Lansing, MI 48909

In compliance with the American Disabilities Act, the Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., Act, you may make your needs known to this agency.

PART II

To the State Boundary Commission:

| WE, | the | und | ersigne | ed | registered | d v | oters | who | are | res | sident | freeho | lders | of |
|--------|------|--------|---------|------|------------|--------|---------|---------|--------|--------|-----------|----------|---------|-------|
| | | | | | | _ cou | ınty(s) | and the | e affe | cted c | ity or to | wnship | herein | ı (in |
| PART | III) | do pe | etition | that | the terri | itory | in | | | | | townsl | nip(s), | be |
| consid | ered | by | your | COI | mmission | for | anne | exation | to | the | home | rule | city | of |
| | | | | | | in : | accord | ance w | ith th | e pro | visions | of Act 2 | 279 of | the |
| Public | Acts | of 190 | 9, as a | amer | nded, and | the pi | rovisio | ns of A | ct 191 | of th | e Public | Acts o | f 1968 | , as |
| amend | ded. | | | | | | | | | | | | | |

PART IIa

As petitioner, it is your responsibility to furnish the State Boundary Commission the names, addresses and telephone numbers of persons and governmental bodies that will be noticed for Commission meetings and hearings. The importance of accurate and most current information cannot be overemphasized. Processing of this petition may be delayed if inaccuracies cause improper notice.

| Name of Petitioner: | | | |
|-------------------------|---|---|---|
| Mailing Address: | | | |
| | | | |
| Telephone Number: (|) | Fax: (|) |
| | | | |
| Name of Township: | | | |
| Name of Township Clerk: | | | |
| Mailing Address: | | | |
| | | | |
| Telephone Number: (|) | Fax: (|) |
| | | | |
| Name of City: | | | |
| Name of City Clerk: | | | |
| Mailing Address: | | | |
| | | | |
| Telephone Number: (|) | Fax: (|) |
| | | | |
| Name of County: | | | |
| Name of County Clerk: | | | |
| Mailing Address: | | | |
| | | | |
| Telephone Number: (|) | Fax: (|) |
| | Mailing Address: Telephone Number: (Name of Township: Name of Township Clerk: Mailing Address: Telephone Number: (Name of City: Name of City Clerk: Mailing Address: Telephone Number: (Name of County: Name of County: Name of County Clerk: Mailing Address: | Mailing Address: Telephone Number: () Name of Township: Name of Township Clerk: Mailing Address: Telephone Number: () Name of City: Name of City Clerk: Mailing Address: Telephone Number: () Name of County Clerk: Name of County: Name of County Clerk: Mailing Address: | Mailing Address: Telephone Number: () Fax: (Name of Township: Name of Township Clerk: Mailing Address: Telephone Number: () Fax: (Name of City: Name of City Clerk: Mailing Address: Telephone Number: () Fax: (Name of County Clerk: Name of County: Name of County Clerk: Mailing Address: |

5. If the petition should involve more than one township, county and/or village, place additional township, county and/or village information on separate sheet and attach to this form.

PART III

| The | territory | proposed | for | annexation | to | the | City | of | į |
|------|-----------|----------|-----|------------|----|-----|------|----|-------|
| daer | rihad ac | follows: | | | | | | | |

- ALTERNATE METHOD PART IV

WE FURTHER REPRESENT:

Subscribed and sworn this _____ day

Notary Public, _____County, Michigan

My Commission Expires: _____

of ______, 20_____.

| 1. | That the territory proposed to be annexed does not contain the necessary persons |
|----|--|
| | qualified to sign the petition. |

- 2. That the petition has been signed (in PART Vb) by persons, firms, corporations, the United States government, the state or any of its subdivisions who collectively hold record legal title to more than ½ of the area of the land, exclusive of streets.
- That each signer from the territory to be annexed has described the land and the land area (in PART Va) and attached the deed or copy of the deed to the described land.

| 4. | described herein and proposed to be a | • |
|----|---------------------------------------|------------------------------|
| | contains a total land area of | acres, exclusive of streets. |
| | | Signature |
| | | Print Name |
| | | Street & Number |
| | | City |
| | | Date |

Part V

PETITION SIGNATURES ON FORM 2010-2002

- ALTERNATE METHOD - PART Va

| The following signer holds record legal title to land containing an area of | acres which is |
|--|----------------|
| located within the territory proposed to be annexed and is described as follows: | |
| | |
| | |
| | |
| | |
| | |

WHEN USING THIS ALTERNATE METHOD, EACH PETITIONER WHO IS A FREEHOLDER OF LAND IN THE AREA PROPOSI ANNEXATION MUST INDIVIDUALLY AND SEPARATELY COMPLETE PART VA AND PART VB, FOR THE PROPE HE/SHE OWNS WITHIN THE LARGER AREA THAT IS DESCRIBED IN PART III, THAT IS PROPOSED FOR ANNEXATION.

Each individual property owner must attach the deed or copy of the deed of the land which he/she has described and for which he/she purports to be a freeholder. Failure to attach these documents for each parcel of area proposed for annexation using the alternate method will mean rejection of this petition.

- ALTERNATE METHOD -

PART Vb

The undersigned, first being duly sworn, deposes and says that he/she holds record legal title to land he/she has described in PART Va which is within the area described in PART III, and to his/her best knowledge and belief the statements contained in the petition are true.

| | Cimpotings(s) of Title Helder(s) |
|--------------------------------|----------------------------------|
| | Signature(s) of Title Holder(s) |
| | |
| | |
| | Print Name(s) |
| | |
| | Street & Number |
| | City |
| | Date |
| | |
| Subscribed and sworn this day | |
| of, 20 | |
| Notary Public,County, Michigan | |
| My Commission Expires: | |

PART VI

We further represent that the annexation proposed in this petition is necessary or desirable at this time for the following reason(s):